

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 -+ Restricted O Objected

| Claim | Date |
|-------|--------------------------------|
| Final | Original |
| 1 | ✓ 6/4/10 24-9/10 9/16/03 |
| 2 | ✓ ✓ ✓ |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10-actions
stapl additional sheet here

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MS
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8/22/10